

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI
EASTERN DIVISION

FILED

JAN 31 2000

U. S. DISTRICT COURT
EASTERN DISTRICT OF MO
ST. LOUIS

UNITED STATES OF AMERICA,)
)
Plaintiff,)
)
vs.)
)
JIMMIE D. KITTERMAN,)
)
Defendant.)

No. S1-4:92CR157-DJS

ORDER

The Court is in receipt of a letter from defendant, acting pro se, which is dated January 24, 2000 and was received on January 26, 2000. A number of attachments are submitted with the letter. Because defendant is represented by appointed counsel, the Court will require that communications with the Court be through defendant's counsel. Furthermore, it does not appear from the materials submitted that all were served on both counsel of record.

Insofar as the letter addresses logistical details of defendant's supervision and his referral for residential or in-patient drug treatment, such concerns should be directed to the probation officer, with whom reasonable solutions to legitimate concerns should be possible.


Accordingly,

IT IS HEREBY ORDERED that the Clerk shall provide both counsel of record and the Probation Office with a copy of defendant's pro se letter dated January 24, 2000, and all

#7

attachments thereto, received by the Court on January 26, 2000.
The Court shall take no further action on the letter.

Dated this 31st day of January, 2000.


UNITED STATES DISTRICT JUDGE

51-492CR157-DJS

Rev'd
1/26/00
Jimmie D. Kitterman
1141 Birdie Hills Rd.
St. Peters, Mo. 63376

1-24-2000
FILED

RE: Modification hearing of Supervised
Release, date 1-20-2000
W/ Mr. Timothy Scharr

JAN 26 2000

U. S. DISTRICT COURT
EASTERN DISTRICT OF MO
ST. LOUIS

Honorable Donald Stohr

Sir,

I have sent information regarding my present medical concerns and a letter that I have sent to Mr. Scharr. I realize that it is extremely rough, however, it is the best I can do at the moment considering my present conditions. I did telephone my newly appointed Attorney, Mr. Ringwald, who did not seem to know if I had any recourse regarding your ruling. He simply did not know if there was anything we could do.

I am requesting that my forced treatment at SEMO be delayed until I can follow the instructions of James F. Cooper, M.D., F.A.C.S., Sam L. Page, M.D. with Depaul Pain Management Services, Doctors Martin and Cooley, M.D., Cardiologists, and what ever physical therapist and Psychiatrist Cooper and Page deem necessary. I have seen Dr. Cooper on four visits at his office, Dr. Bigg, Urologist. I have recently had exrays, C.A.T. scans, and M.R.I. and most recently, 1-21-00, Dr. Page at Depaul, who is in consultation with the other Clinicians to work out a definate plan of ongoing treatment with a return appointment of Feb. 4, 2000. I have been placed on two new medications by Dr. Page, Vioxx, 25 Mg. and Neurontin 300 Mg.. I must continue blood pressure and heart medications. I will not take any more alternatives, even though legal, nothing other than what these professionals prescribe if allowed to continue until they can get me stable enough to endure what ever I have in store at SEMO. I do not believe that facility can accomodate my medical needs and have no idea if Mr. Scharr has made them aware.

As you can see, my medical issues are complex and I certainly have not procrastinated in seeking help. As soon as I was released from the B.O.P., I went as fast as I could to my primary care Physician, Dr. Cooper, who attended me for all the years of my Police career. I suffered years of medical neglect/malpractice or limited resourses while confined in the Federal Bureau of prisons. I am not attempting to make an issue of that, I am only attempting to get proper medical aid at this time. Please allow me to do that, I don't know how much more pain and suffering I can indure. Please.

My current surroundings are not perfect, but I am in a Christian household of my daughter, her husband, and four children. They are hard working people, with their own medical issues. Some would consider them to be a little fanatic-al in their Christian beliefs. They believe in speaking in

#6

tongues, hands on healing, etc.. They regularly attend worship services, prayer meetings, sunday school and insist that I accompany them, which I do most of the time, when I am able. We are constantly in each others prayers and they along with other church members have placed hands on me and spoken in tongues. This maybe as foreign to you as it is to me, but I really don't think it is bad and it cerainly is helping me with some of my ailments, but not entirely. Maybe my faith is too weak. Some say that I am suffering post tramatic stress along with all the other bonifide verifiable medical concerns. I am needed here, not just because they tell me so, I know it in my heart and conscience.

Your Honor, even though I was unable to proove to you that I did not ingest anything that I was not suppose to almost three months ago. Yes three months ago, all of my urinalysises since, approximately twelve of them have been negative of any substance I am not allowed to have. Mr. Kenneth Tihen did establish at the hearing that I am not a Chemist, there were certain cold, sinus, flu remedies with ingredients that suspect may have caused a false positive. Since they are suspect, I have discontinued taking those and have not been positive since. If I had more energy, better resourses, professionals and more money for a more experienced Attorney and an investigator, I think that I could proove to you my innocence. If I knew what kind of testing Pharm Chem used or if they would even answer my letters, I could show you that initial test has a fail rate of up to thirty percent and routinely when it shows positive, if instructed to do so by the powers that be, they will and should do a confirmation test by gaschromography. I have no idea what they did since I have been kept in total darkness, not even shown any Lab. sheets or any other form of documentaton. I am not implying that someone is deliberately victimizing me, I am only saying that it is near impossible to prove a negative with nothing to work with.

I swore in your court room to tell the truth and I did. I'm not sure if anyone ever asked, but I swear to you on any and everything that is holy, near and dear to me, that I did not ingest knowingly, the substance that the unknown testing revealed, to have done so would have been suicidal considering my heart and hypertensive condition. It is common knowledge that there is only one reason why anyone does any kind of drug, be it over the counter, prescribed, alcohol or tobacco, and that is to feel good. And to take what the test revealed would have made me deathly ill and may have caused a heart attack or stroke.

Please save that space at SEMO fo someone who needs it and allow me to continue with the medical I need, all the while making my weekly visits to DART, I have not missed one, to continue submitting to urine testing.

Page 3

I suspect that my arrogance, attitude, and demeanor had a great deal to do with your decision at the hearing, I hope that I am wrong. I was in excruciating pain in my lower back, was in a deep depression, was at the point of near panic anxiety, had fever and flu like symptoms. We were not prepared. I had just met my newly appointed Attorney for not more than thirty minutes in his office. I suppose in the Court's eyes, he was effective. In mine simply not experienced, a nice person, he just did not seem to understand any more than I did.

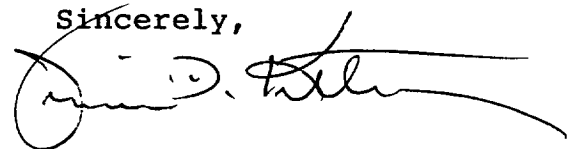
I do sincerely apologize for my inappropriate behavior, I would pray that you would try to empathize. I do believe that I asked the court to postpone or continue the hearing from the beginning. I believe that I was ignored. I probably was not in proper form.

I know this is poorly done. I feel a need to send copies to the persons listed on Mr. Scharr's letter in hopes that someone will understand what I am attempting to ask.

Mr. Ringwald asked me while I was on the stand what I really wanted to do. I did not understand fully what he was asking. After thinking about the question since, I think I know what he was asking. I made comments in his office that the Assistant U.S. Attorney had filed a motion to modify the conditions of my supervised release. I suggested maybe he could do the same, to allow me to move to Mexico where I could afford the medications that I need, which are a fraction of the cost, and be able to take the medications according to my medical practitioners orders without governmental/ criminal justice being involved in my medical issues or any other country for that matter. I don't know of any other country that does that. Then I made a comment that the death penalty, if it were timely rather than drug out over years, would be better than constant harrassment. I don't know if he was sincere in asking that or was attempting to make fun of me along with Mr. Tihen, who seemed to be enjoying humiliating me, kind of like making fun of the disadvantaged.

The Social Security Administration told me there was no doubt that I was totally disabled, however, I make too much money. \$933.00 pension from the St. Louis Metropolitan Police Department.

Sincerely,



page 1

Mr. Timothy M. Scharr
Senior U.S. Probation Officer
200 U.S Court & Custom House
1114 Market Street
St. Louis, Mo. 63101-2071

Jan. 22, 2000

Dear Mr. Scharr,

Will you please reconsider sending me to the half way house for drug rehabilitation? I will attempt to explain why there is no need for more drug counseling. You are aware that I am in a deep depression, which causes confusion, disorientation, lack of concentration, etc.. I am in excruciating pain in my lower back, shooting up and down the back and thighs. I have been in this condition for as long as I can remember. I think that you could realize how that might affect one's temperament and mood. I am fully cognizant that my credibility is in question. If a person suspected of having a drug problem says that they don't and/or they do not need help, they are in denial, right. How about the person that really does not have a problem. There is very little evidence that I do and I think you realize that.

In my clumsy attempt to show you and the court that your urinalysis testing is flawed, believe that I did. You do know that I was prescribed Marinol, which I took for sixty days and according to the P.D.R., it stays in the system for over five weeks, which means that my system would have been "dirty" for at least ninety days. I was tested by furnishing a urine specimen at DART at least twelve times and only seven of those tests showed positive for THC.

I have been told that there are a number of over the counter cold, sinus, and flu remedies and any prescribed medication with codien might cause a false positive for Amphetamine or Meth-Amphetamine might cause a positive. That information came from professionals. As a matter of fact an elderly lady, who I believe is a State P.O., I believe her name is Ms. White, while I was waiting at DART to be tested, told me that she thinks that the test has about a thirty percent fail rate. I have also been told that when the initial testing shows a positive of any type, a confirmation testing by gaschromography is required. I do not believe that was ever done in my case. Of course I am told very little by you or anyone else about my situation. It has been my experience that any time any thing is secretive and hidden in the dark, there is something wrong with it. I have written to your Lab. Pharm Chem about the testing, of course they will not even respond. I have asked at least five people on staff at DART about the testing and they say that they only collect specimens, they don't know anything about it. I do know something about it only because I have been forced into it by your system. I asked my newly appointed Attorney, Mr. Ringwald to first ask for a continuance

page 2

at the hearing Thursday, 1-20-2000, because we were not prepared at all. I had only met him in his office for about thirty minutes. My physical and mental state was drastically diminished, we had no documentation from any expert, chemist, Physician, Pharmacist, nothing from Pharm Chem regarding the method, accuracy, or reliability of their testing procedure.. I then asked Mr. Ringwald to question or challenge the chain of custody from DART to the Lab. (Pharm Chem.), I believe in Calif., the credentials and qualifications of the testers at DART.

It was and still is my belief that the court should have been made aware of my bonifide, verifiable medical concerns, both physical and mental, which you, and both my counselors at DART were furnished a copy of by me. You were all aware that I was taking numerous medications that had been prescribed by various Clinicians working for the Federal Bureau of Prisons. I had told you all of my desperation to find medications for my various pains, both psychological and physical.

I believe Mr. Milford Eaves of DART, "hit the nail on the head", as you read from the stand at the hearing, I was "DRUG SEEKING". Well, I did find the one that helped some, Marinol; however, you have forbidden me to take that medication, and I can understand your position. I did stop when you told me to, even though, as I told you, "I'm right back where I started", suffering again. I have told you, both Counselors at DART, sworn before Honorable Donald Stohr and the entire court that I did not knowingly, willingly or in any manner do any Ampetamines or MethAmphetamines. To do so for me would have been like playing Russian Roulette. To be redundant, I can't even tolerate caffeine. Since I am being redundant, you know that I suffer hypertension, anxiety, and panic anxiety. There is only one reason why anyone does any kind of drug, whether its over the counter, prescribed or through the black market, (illicit) and that is to feel good, and any stimulant drug would make me so sick I could not stand it and chances are it would cause me to have another heart attack or stroke. I know of many less painful ways to commit suicide. Even though things do seem pretty hopeless to me right now, I would not end it that way. Again, I am very aware that I have no credibility with you or the court since I am convicted of a "Marijuana" "crime" or is it "Marihuana". I believe the Supreme Court, according to notes found after the death of Justice Thurgood Marshall's death, indicated that the correct spelling of the uphoniuous word would be with a j instead of an h.

Mr. Scharr, I am willing to take a polygraph examination, wear a patch or anything else you deem appropriate to prove to you that I am not ingesting anything that DEA, Parole-Probation or anyone else in the Legal Justice Department dictates that I can not have, even though it may be legally prescribed by a reputable Clinician, as was the case with Marinol. I have stopped taking all medications, over the counter, alternatives, natural, food supplements, vitamins, and prescription, except for the ones that I will name in the following paragraph. There should never be another positive urinalysis. You do realize that the last positive for anything was over three months ago, Oct. 25, 1999. I have been tested about twelve times since I stopped all legal alternatives, over the counter and prescribed that I suspected gave the false readings.

I told the court at the hearing that I was scheduled for an appointment at the Depaul Pain management clinic. I was referred there by James F. Cooper, M.D., F.A.C.S. of 300 So. Grand, who is my primary care Physician. I kept my appointment the day after the hearing, Fri. 1-21-2000, at Depaul Management Services. I was given a thorough examination, like none I had ever received in the Federal Bureau of Prisons, by Sam L. Page, M.D.. This visit was pursuant to exrays, M.R.I. and C.A.T. scan, all ordered by Dr. Cooper and Dr. Bigg, M.D. Urologist. I asked Dr. Page about Marinol and he said that it would not be worth the aggravation. I assumed he was referring to the position of the U.S. Government drug policies. Nevertheless, he prescribed new medications Vioxx, 25 Mg. by Merck and Neurontin 300 Mg. by Parke-Davis for the chronic pain of the lower back. He stated that he would be in consultation with Dr. Cooper regarding the overall combination of medical concerns, which are very complex. He believes since none of the Tri-cyclic anti depressants nor any of the Selective Serotonin Reuptake inhibitors, nor dopamine reuptake inhibitors have worked for me that it may be possible that I need E.C.T. electro convulsive therapy, however, he said that would be up to a qualified Psychiatrist, which he feels needs to be involved in my case. This is only the second day since I have been taking the new medications, but so far it seems to be helping the nagging, some times excruciating pain of the lower back. It is much too soon to tell, however, since I have not been out of bed since arriving home from Depaul hospital that afternoon, and that is the only time when my back doesn't hurt is when I'm lying down. Part of the examination in his office was a routine blood pressure test, which revealed mine to be 174/110, which is at the heart attack/stroke danger level. He instructed me to go to the emergency room of Depaul hospital as I was leaving, which I did. I know that the anxiety of the hearing, which I considered to be unfair, unreasonable and much too brief to determine all of the real facts, drove my blood pressure up and caused me to go even deeper into depression. Dr. Page asked me what I was willing and prepared to do to help relieve myself of all of this physical and psychological pain and I told him, "what ever it takes". Of course I did not mention the Federal Governments Legal Justice Department being involved in my medical issues, nor about you sending me to some half way house that you won't even tell me where its located or what to expect as far as treatment. Although I have a good general idea. That is why I told the Judge that it didn't matter whether he sent me to prison again or to the half way house, they are very similar to me. And I do believe that it is in the name of punishment only even though the Hon. Don Stohr told me that it was not. He has been to neither and I have. As you know I of my own volition took 500 hours of residential drug abuse treatment, nine months, at F.M.C. Rochester, Mn.. I was forced to attend N.A.. A.A. meetings for years. I have been urinating in a receptical in the presence of at least fifty different

Page 4

prison guards, Dismas house and DART staff, at all hours of the night and day, over the past eight years. There were just as many drugs in prison as there are out here in what is referred to in prison jargon as the "free world" and of course there are many more reasons there to attempt to ease the pain. I never tested positive there in all those years, but out here I have had more access to cold, sius, and cold remedies, plus the prescribing of different medications.

I am finally making some progress medically and I am finally getting to know my family, children, grand children, some of whom I had never seen before. Please don't seperate us again. Judge Stohr said that my removal from my family to be placed in the half way house was not considered punishment. Everyone of my family think that it is not only punishment to me but also a punishment to them as well. Even though my role in society is insignificant at this time, I am contributing and the ones dependant on me feel that I am very important to their lives.

You do know that I am living with one of my daughters, her husband, and their four children. I am very much involved in their every day lives and to them, my being here is very, very important. I can not be replaced as a father and grand father. You are aware that this invironment is very wholesome and healthy for me. These people are devout Christians, who incourage me to attend worship services with them in their church, which I do. I told you one day that I was going to answer an ad in the paper to sell my blood plasma for money that I needed to purchase gas, make car payments and pay for car insurance in order to drive the seventy mile round trip to DART and to your office four to five times every month. Instead, when the Red Cross asked for donors durring the recent shortage of especially O Neg. type, I donated twice. I am still a member of the Red Crosses gallon club as a result of all my donations prior to being imprisoned.

Dr. Page indicated that I need intense physical therapy, the proper medications, and to have a good Psychiatrist involved in my treatment. He gave me an appointment for Feb. 4, 2000, at 10:00 A.M.. In the mean time he will consult with Dr. Cooper and arrange for testing with a Cardiologist and Psychiatrist.

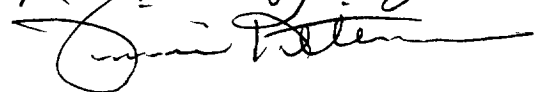
I did receive your letter dated Jan. 20, 2000 on Jan. 22, 2000, ordering me to SEMO, address unknown by me. I did call your office as instructed and notified you on your voice mail. Please inform SEMO of my medical needs. I could never sleep on a top bunk, and always had to be on the first floor while in the Federal Bureau of Prisons by numerous Doctors orders. The first time that I was sent to Dismas House I was placed on the third floor, the only one for Federal prisoners, on the top bunk with no sheets, covers, or pillow the first night because they had none. The third or fourth night I rolled off the top bunk onto the floor knocking myself unconscious. My new room mate ran down the three flights of stairs and notified Staff, who called an ambulance. Fortunately I suffered only minor head and leg injuries. Even though you have not told me anything about SEMO, not even where they are located, I do not believe they can provide the Medical support that I need, however, I do understand that I have no choice in the matter and I still do not understand how it is not more pun-

Page 5 of 5

ishment for something that I did not do. And no matter what anyone may say, the burden of proof was definately on me to proove that I did not ingest any Methamphetamine and amphetamine on Oct. 21 and Oct. 25, 1999. If I had knowingly done so, it is common knowledge that substance is flushed from the body in 72 hours. The 21st was my usual Thursday DART meeting and drop as it has been since my release in July. Even though, according to the B.O.P. central file I do suffer menal illness, I am not totally ignorant nor stupid. And as Mr. Kenneth Tehin pointed out with obvious enjoyment, with a smile, I am not a chemist nor pharomicist. But I do know that one would get the same effect from either Methamphetamine or amphetamine. Why would anyone do both at the same time. I also know, although I could not prove to you that I had three Micardial Infarcions while in you Federal Bureau of Prisons, and to ingest that substance knowingly and/of purposely, would be a definate attempt at suicide for me and even though I have had passing thoughts in that regard rather than be punished by your system, sometimes more than I can bare, I have not decided to end it all. Instead I am seeking and I think that I have found the proper medical channels. Please allow me to access them without your interference. You have already caused me to stop suddenly one psycoactive substance without any tapping off, which may be part of the reason I am in such a deep state of depression now. I am roughly drafting this about fifteen minutes at a time. I am only six feet away from my bed, where I have been since leaving Dr. Page's office, then to Depaul emergency room.

I do realize that it is a long drive out here, but if you would only come out and talk to my family that I am living with and to the neighbors, you will learn that I hardly ever leave here unless its to drive down to your office, to DART, 4000 Laclede, or to the Doctors, church, prayer meeting, to pickup one of my grand children from school or to attend one of their school fuctions. This family will not lie for me and there is no one who could possibly tell you that they have ever suspected that I was doing any illicit drugs or even drinking an alcoholic beverage of any type. Although I can not deny that I am, and it seems like hopelessly addicted to one of the two most deadly drugs of all, even though legal, tobacco. I have smoked for about forty years and have attempted to stop numerous times without success. And to this date have never found any kind of government assistance in that regard either in the Federal Bureau of prisons, nor anywhere else, regardless of the multi billion dollar settlements by the various governmental agencies.

cc Hon. Donald Stohr
 cc James F. Cooper, M.D.
 cc Sam L. Page, M.D.
 cc Daniel L. Ringwald, Attorney
 cc Bill McClellan, Post Dispatch
 cc John Danforth and Richard Gebhardt, Congressmen

Respectfully,


1 of 3

U.S. Department of Justice
Federal Bureau of Prisons

May 17, 1999

HEALTH SERVICES

MEDICAL

Transfer Summary,

Mr. Jimmie Don Kitterman's, B.O.P. Reg. No: 22922-044, four volumes, over one thousand pages of Medical records, containing medical conditions that he is being treated for. The records also indicate his personal medical history, family history, and the medications that he is now taking for the various conditions, as follows;

Mental illness, Bi-Polar Disorder, (Manic depression, anxiety, panic anxiety). Zoloft, 100 Mg. daily, Wellbutrin, 100 Mg. daily, Busbar, 3X10 Mg. daily.

Congestive Heart Failure, (C.H.F.), Furesimide, (Lasex) 40 Mg. daily.

Beniegn Prostetic Hypertrophy, (B.P.H.), Doxazosin, 2 Mg. daily.

Chronic Back Pain and occassional various joint pain, resulting from degenerative Osteoarthritis, Proxicam, 20 Mg. daily.

Borderline Glocoma, excessive eye pressure, increases and decreases periodically, currently 25/26, no medication at this time.

Hypertension, (Chronic High Blood pressure), lisinipril, 15 Mg. daily.

Elivated Triglyceride levels, Gemfibrizil, 2X 600 Mg. daily.

Sinus infection, Pharengitis, Amoxicilin, 3 X 500 Mg. daily, C.T.M., 12 Mg. daily.

continued

2 of 3

HEALTH SERVICES

5-17-99

Kitterman, 22922-044

PERSONAL HISTORY:

History of numerous, various bone fractures, Gastric ulser disease, Kidney stone disease, Micardial In-farctions, (M.I.s) X 3, Pectorial Angina, Nitro-Stat as needed. Diverticulosis, no treatment, interior and exterior Hemorrhoids, tested positive for Tuberculosis first time 1995, underwent six month antibiotic regimin, tested positive for Hepititis B Anti-gens, 1995, both at F.C.I. Englewood, Littleton, Co. Cardio Pulmonary test revealed the lungs of a 76 year old man, recommended smoking cessation to improve breathing 23 percent, no treatment available in the Federal Bureau of Prisons. Septal reconstruction and tonsillectomy.

FAMILY HISTORY:

Lung cancer and other cancers, Father and four of his brothers died of lung cancer. Hypertension, Congestive Heart failure, Mother died of in 1993. Obesity, Kidney Stones, Thyroidectomy, sister.

Mr. Kitterman is currently under the care of A. Lozono, M.D., Psychiatrist, Victoria Bozzanga, PsyChologist. As a result of his mental condition, he suffers, among other things, disorientation, confussion, lack of attention span, lacks comprehension, memory, recall, anxiety, and panic anxiety. Mr. Kitterman was first diagnosed suffering from a Bi-Polar Disorder in 1992 by Dr. Galionis, M.D., Chief Psychiatrist at FMC Springfield, Mo., also treated by Dr. Bowles, Psychologist, at that facility. He has since been treated by approximately eight different Psychiatrist and as many Psychologist, all of the Federal Bureau of Prisons, at FMC Springfield, Mo., FCI Englewood, Littleton, Co., FMC Rochester, Rochester, Mn., and FCI Pekin, Pekin, Il.. Mr.

continued

3 of 3

HEALTH SERVICES

5-17-99

Kitterman, 22922-044

Kitterman has been treated with selective Serotonin re uptake inhibitors, starting with Prozac, Paxil, now Zoloft. With selective Dopamine re uptake inhibitor Wellbutrin, which he has begun taking again two weeks ago. He has been treated with a number of Tricyclic anti depressants. He has been treated with a myriad of anti anxiety medications, Diapaxams, Diazaphines, including, Valium, Adovan, Xanax, Halcion, Thorazine, Haldol, and currently Buspirone, (Busbar).

Mr. Kitterman was medically unassigned permanently at Federal Medical Facility Springfield, and at Federal Correctional Institution Englewood for approximately four and a half years and at Medical Facility Rochester, he had medical restrictions as follows: no stooping or bending, no prolonged standing or sitting, no lifting over 20 pounds, the same at FCI Pekin with one difference, no lifting over 5 pounds.

Mr. Kitterman suffers one addiction, Nicotine. He has smoked cigarettes since 1959, approximately forty years. The Federal Bureau of Prisons offers no stop smoking aids of any kind except an occasional smoking cessation class, which he has been unable to attend at FCI Pekin, for lack of space. He was given approximately fourteen hours in a smoking cessation class at FMC Rochester, however, has been unable to quit smoking after numerous attempts.

end

Jimmie D. Kitterman
1141 Birdie Hills Rd.
St. Peters, Mo. 63376

Jan. 15, 2000

Mr. Timothy M. Scharr
Senior U.S. Probation Officer

Dear Mr. Scharr,

Attached you will find a rough draft of all the prescribed medications with pertinent information that I have previously furnished to you and my two Counselors at DART. I furnished this information on our first meeting several months ago. I have also included everything that I can recall since being released from prison except for food and drink.

You did instruct me to list them all in order, each and every time I took one of them. You ordered me in your office on a Friday afternoon at about 3:00 P.M., after I hand carried every container to you after I had done the same at DART. My Counselor, Chamine, of DART Staff was understanding of my diminished capacity and without any complaint listed each and every one into the record which you have full access to. I explained to you that I did not keep a log of every time I take a supplement or pain, cold, sinus, flu remedy. I don't believe I could list them all, each date and time even if I were not in the poor mental state that I'm in. Partially thanks to you since you became involved in my medical issues by, in certain terms, to suddenly stop taking the psychoactive medication Marinol suddenly without tapering off. I don't know at this point how much damage you have done. But believe me, I do recognize your position. You instructed me to make that list immediately that Friday evening and Fax it to you. You made the sarcastic comment, "I know you don't have anything else to do." You further told me that you wanted to hurry, so you could have my hearing prior to or during the holidays. I believe your orders were unreasonable, capricious, and malicious. I believe you are deliberately attempting to injure me for reasons unknown to me. You are aware of my poor mental and physical state and You are aware of the confusion, disorientation, and lack of memory I have as a result of depression and anxiety. You have caused me angst, trepidation, loss of sleep, extreme worry, more depression and anxiety. You have caused me injury and more. You have forced me to purchase a vehicle to drive a seventy mile round trip to your office and to drive the same mileage at least for times a month to DART, 4000 Laclede. If for any reason I am late or can not get there, I am a "NO SHOW", which could send me back to prison. You are aware that the first car I purchased in a hurry to meet your deadlines, overheated in route to your office on highway 40. I may have pushed it too hard out of fear of being violated. And as a result did thousands of dollars worth of damage to the engine. Not being able to

afford to repair that engine and still being pressed to meet your appointments and deadlines, I purchased a second car on credit, which has put me in such a financial bind, I have not had the money to pay for some of my prescribed medications such as Lisinipril to control my blood pressure, I have been forced to go without food on some occasions in order to pay all the accompanying expenses, that go with owning a vehicle, such as insurance, licenses, sales taxes, property taxes, gasoline, oil changes, repairs, etc.. I have not missed, nor have I ever been late to any meetings required by you.

In the petition for summons for offender under supervision, that you submitted to the sentencing court and to the U.S. Attorney's office, you say that I have tested positive for "Marijuana" on several occasions, giving the impression that I am blatantly smoking a prohibited substance. You are misleading them all by not elaborating that I have been prescribed a legal medication, approved by FDA, called Marinol, which will show positive for Tetrahydrocannabinol in a urine test. Actually the medication Marinol contains synthetic drabinol. The high tech very selective testing equipment at Pharm Chem does not even show accurately that it is what it really is. You say in all of your proper and correct reports that I showed positive for "Marijuana". I have seen just a glimpse of DART'S reports and it does not say "Marijuana", it says THC. When I asked to see a laboratory sheet that shows me positive for THC, you refused and you said "you were positive because I said so, take my word for it." Even though you nor anyone else at DART will show me anything regarding my testing, I know that not one of them will ever state that I was positive for "marijuana". Even though you have shown me time and time again that you are in control and I am suppose to jump through your hoops, I have been. I just want you and anyone else who reads this to know that you apparently feel that it is your job to further punish me by misleading whomever reads your reports to make it look like I am a hopeless addict. I know, you know and anyone else who knows me, knows that the only drug problem I have is the same one that government figures show kill over 500,000 people every year in this country alone, not to mention the other 53,000 from second hand smoke. I have read estimates of around 10 million deaths world wide every year from smoking that legal substance. I have just completed serving a full seven years for the most therapeutic natural substance known to man and the number of deaths recorded is 0 in the history of this world. During my twenty year career as a Police Officer, I never encountered one person with a "Marijuana" problem and don't know any Policeman or anyone else who does.. I was convicted of a "Crime" without even one person coming forward to claim injury. In the five years or so that DEA had me targeted, in all the man hours the Drug Task force, while spending unknown hundreds of thousand

page 3

of dollars of tax payers money, there was never found one person that was harmed, ever in my lifetime, by me or by anything that I had done. The U.S. Attorney's office exaggerated the amount that I supposedly was responsible for grossly by information furnished by persons who had pending charges. All were dropped for at least three people that I know of and my two co defendandants receiveved 18 and the other 27 months compaired to my 122 months, another 96 months supervised release, making a grand total of 18 + years, all for nothing in my possession. All based on heresay from some unknown unsubstanciated source that the government was coercing, bribing, or otherwise paying for the best and/or worse they could possibly put on me.

Absolutely everything that I owned, the majority no way related to facilitating a drug crime and without a doubt was not purchased with drug proceeds, was taken away from me and forfeited in a separate proceeding, without even letting me know what was going on. I am told later that the items were published in the USA Today, which I did not receive in Franklin County jail. I was made to look like a drug kingpin, who organized, and managed five or more people. Three of thoses named, I knew but had nothing to do with drug trafficking and were never charged with anything. I was selectively prosecuted and was told in open court that I could receive up to life imprissonment for each of four counts. The Court did not bother to tell me that was not true any more that the Federal guidelines were in effect. My story is not at all bad compared to many others.

You still feel like it is your job to punish me further because my philisophical views are different from this Satanic, Corrupt government you work for. It is no wonder there is such tight security at all of the Federal government facilities. I am informed by good sources that this government has spent in excess of thirty million dollars to eradicate the plant species in question here from the face of the planet, even though the people in eight different states have cast their vote to legalize the plant for medicinal perposes, this Federal government is still persecuting and prosëcuting people in those states.

Yes, force me into treatment, which you know doesn't work, to include behavior modification in an attempt to convince me that I am mentally ill and that I am a victimizer instead of the powers that be. I understand that is what this government is now offering Gulf war veterans, to convince them that they and their families are not sick and dying from some chemical poison, which, from all indications, did not come from any enemy, but from this wonderful government you work for.

The medication list you ordered is hereto attached.

Prozac 20 Anti-infect - Pax 1X
 Zoloft 100 1X SSRI dep.
 Buspar 10 3X anxi.
 Wellbutrin 100 1X SDRZ dep.
 Furosemide 40 1X Lasix - Diuretic
 Chlor-Maleate 12 2X 5mg
 Acetaminophen 600 2X Tri-Glycerate
 Primidol 5 1X - Hypertension

IN Past: Prozac, Paxil, Advant, All SSRIs
 + Numerous Tricyclics, Diazepam, + + +

from 8-5-99 to 12-8-99

MARINOL 5mg 1X

- #1 Ginkgo Biloba 40mg 3X
- Helps enhance Peripheral Circulation
- #2 Ginseng-Korean white Root 2X2 560mg
Health + Vitality - energy
- #3 Valerian root 1X3
- #4 Echinacea 300mg w/ 15mg Zinc + VC 2X2
immune sys 220mg - 1X per
- #5 Aleve, Naproxen sodium Pain/fever
- #6 Panox Ginseng Extract, 2X2 w/ 1/2 Ginsenoside
- #7 Mature Balance advanced multi
Vitamin / multi mineral supp. 1X
- #8 DHEA 25mg 1X
Dehydroepiandrosterone
- #9 Saw Palmetto 80mg 2X2
Liposterolic extract of

BPH

- energy
- #11 Melatonin 3mg 1x
Helps establish normal sleep pattern
- #12 ~~Chromium~~ Chromium Picolinate 200mg
Metabolism of Carbohydrates, Protein
+ fat
- #13 Selenium 200mcg.
Protects cells from free radicals
Antioxidant
- #14 Tension Tamer
St. John's Wort, Kava Kava + Chamomile
- #15 G. St. ^{5mg} Glucosamine + ^{200mg} Chondroitin
2x2
- #16 Inositol 600mg 1x2
- #17 ^{900mg} St. John's Wort extra w/ Lipo Biloba,
Siberian Ginseng + Gingko
assists in mood enhancement
- Tylenol Junior, Non drowsy
w/ Pseudoephedrine + Acetaminophen
- Excedrin Migraine
4 way 12 hour nasal spray

- #18 ^{20 mg} Extra Strength Ephedrine HCl + Guaifenesin
Bronchodilator Plus expectorant
asthma relief + helps breathing
- #19 ^{500 mg HCl} ^{400 mg} Glucosamine / Chondroitin Sulfate
Double strength
"The Arthritis Cure"

11-23-99 Celexa 20mg 1X 30
Hydrocodone/APAP 5/500 40
(Vicodin) 1 ev. 4 hr.
or as needed.

Orudis KT

Littrate

DMAE 100 mg.

(2 Dimethylaminoethanol)

Bupropion 10mg 3X

Melatonin 3mg (Helps establish

10mg w/ B-6 (as Pyridoxine HCl) normal sleep patterns

63mg w/ Calcium Carbonate)

Tylenol (Arthritis) Ext relief

St. John's Wort Xtra 300

w/ Biotin, Riboflavin, Selenium, Zinc + Magnesium

METAB-O-LITE

Compared to Metabolife 356 but Caffeine free

Thermogenic formula to promote energy + diet

Chlor-Triniton

allergy-D / Chlorpheniramine maleate mg

CONTRAILS, TITLE 50 U.S.C.

"Chemtrails"

Earth changes - Report-Matrix institute, Inc., Box 336, Cesterfield, N.H. 83443. William Thomas' latest paper "Hospitals jammed as banned pesticides are sprayed from the skies". [http:// www. islandnet. com/ wilco/](http://www.islandnet.com/wilco/) Feb. 23, 1999.

Dr. Cole's testimony before U.S. Senate May 1994 concerning U.S. Army...recognized "testing" of chemical & biological agents since 1949 said the U.S. Army...recognized they could be causing disease & death".

Title 50 of the U.S, Code Section 1520 (a) Nov. 1997 allows "tests" with "any micro-organism (including bacteria, viruses, fungi, rickettsiac, or protozoa), pathogens, infectious substances. ...that is capable of causing death, disease or other biological malfunction in a human, animal, or plant, or another living organism: deterioration of food, water, equipment, supplies, or materials of any kind; deleterious alteration of the environment' used for any peaceful purpose that is related to a...research activity." specimens gathered, which revealed during analysis, as follows: Suda Monus Floresence, Suda Monus Organosa, Mico Plasm Incognitis, JP-8 Jet fuel which was outlawed by EDB & EPA in 1983, which is highly toxic, contains Etheline DiBromide. The spray also contains forty three other micro organisms and chemicals. There have been KC135s and KC 10s, military refueling tankers, been spotted over most major cities throughout the United States, England, Canada, Mexico, and other countries. The military planes are U.S.. The chemical spray also contains pathogens, human DNA, polymers, Zinc Cadium Sulfide, Suda Monus, Mico Plasm Firminton.

Subsequent to the spraying many people complain of various illnesses, including upper respiratory problems, including Pneumonia, especially in older persons, muscle and joint aches and pain, sneezing, coughing, blurred vision. Hospitals in the areas of the chemical spraying have been flooded with patients

2of2

CONTRAILS, continued

to the point that they have been turning people away. There have been a number of deaths reported, especially in England.

I have personally watched the silver colored military jets start in the early morning hours and criss cross the skies above and in the area of FCI Pekin, from horizon to horizon, until dark. They many times make Xs, Os and lines as far as the eye can see. The aircraft leave contrails, (chemtrails) that do not disipate in seconds as usual, but spread out into large clouds and hang in the sky for many hours. What may start out as a clear day suddenly turns overcast. When one looks toward the sun with dark glasses, it appears like an oil slick with multi colored oil like sostance around the sun.

I, personally, have been experiencing severe respiratory problems, neck, back, arm and leg aches. I have been chronically fatigued, congested, with recurring chronic sinus infections. I have been watching the spraying for months now over this area. Have thick mucus, barely draining from sinuses.

The Center for Disease Control, CDC, in Atlanta, Ga. has or did have a "Hot Line", 1-800-I Got Flu", however will or would not accept information unless it was from a particular geographical area, within certain time frames.

William Thomas is the investigative reporter that broke the news about the Gulf War Syndrom and has written books, including "Bringing The War Home" and "Scorched Earth".

There are several theories regarding what the military is spaying for, the most popular is mass aireal inoculations for biological, chemical, germ warfare. Some think that it has something to do with depopulation, Cannabis/Hemp eradication, considering that the U.S. government has spent in excess of twenty four million dollars to develop a fungus for that purpose, mass immunization for Anthrax poisoning, etc.

Another investigator/reporter is Greg Hanford, M.D.

Respectfully,


Jimmie D. Kitterman

high lipid solubility, only 10 to 20% of the dose reaches the systemic circulation. Dronabinol has a large apparent volume of distribution, approximately 100 L, because of its lipid solubility. The plasma half-life of dronabinol and its metabolites is approximately 20 hours.

The pharmacokinetic profile of dronabinol can be described using a two-compartment model with an initial (alpha) half-life of 1 to 2 hours and a terminal (beta) half-life of 25 to 36 hours. Because of its large volume of distribution, dronabinol and its metabolites may be excreted at low levels for weeks of time.

Dronabinol undergoes extensive first-pass metabolism, primarily by microsomal hydroxylation to both active and inactive metabolites. Dronabinol is the principal active metabolite, 11-OH-delta-9-THC, is present in approximately equal concentrations in the plasma of both parent drug and metabolite approximately 2 to 4 hours after oral dosing and several days. Values for clearance average 0.5 L/hr, but are highly variable due to the cannabinoid distribution.

Dronabinol and its biotransformation products are eliminated in both feces and urine. Biliary excretion is the route of elimination with about half of a radio-labeled dose being recovered from the feces within 72 hours. About 10 to 15% is recovered from urine. The amount of an oral dose is recovered unchanged in the urine.

After a single dose administration, low levels of dronabinol have been detected for more than 5 weeks in urine and feces.

Marinol involving AIDS patients, urinary cannabinoid concentration ratios were studied bi-weekly for a six week period. The urinary cannabinoid/creatinine ratio was closely correlated with dose. No significant change in the ratio was observed during the two weeks of treatment, indicating that cannabinoid levels had been reached. This is consistent with predictions based on the observed half-life of dronabinol.

Contraindications: The pharmacokinetic profile of dronabinol has not been investigated in either pediatric or geriatric patients.

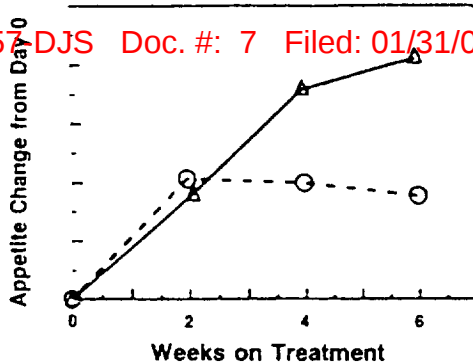
CLINICAL TRIALS

Appetite Stimulation: The appetite stimulant effect of dronabinol in the treatment of AIDS-related anorexia was studied in a randomized, placebo-controlled study involving 139 patients. The initial dosage of Marinol in all patients was 5 mg twice daily. In pilot studies, early administration of Marinol appeared to have been associated with an increased frequency of adverse effects compared to dosing later in the day. The effect of dronabinol on appetite, weight, mood, and nausea was evaluated during the six-week treatment period. Effects (feeling high, dizziness, confusion, somnolence) in 13 of 72 patients (18%) at this dosage were reduced to 2.5 mg/day, administered once daily at supper or bedtime.

In a placebo-controlled study, Marinol treatment resulted in a significant improvement in appetite as measured on a visual analog scale (see figure). Trends toward improvement in weight and mood, and decreases in nausea and vomiting were also observed.

During the 6-week study, patients were allowed to continue with Marinol in an open-label study, in which a sustained improvement in appetite, weight, mood, and decreases in nausea and vomiting were observed.

Marinol (dronabinol) treatment of chemotherapy-induced emesis was evaluated in 454 patients with cancer. A total of 750 courses of treatment of various types of cancer were evaluated. The antiemetic efficacy of Marinol was evaluated in patients receiving cytotoxic therapy with MOPP and non-Hodgkin's lymphomas. Marinol dosage ranged from 2.5 mg/day to 40 mg/day, administered in divided doses every four to six hours (four times daily) in the following table, escalating the dosage from 2.5 mg/m² to 10 mg/m² increased the frequency of adverse effects, with no additional antiemetic benefit.



Combination antiemetic therapy with Marinol and a phenothiazine (prochlorperazine) may result in synergistic or additive antiemetic effects and attenuate the toxicities associated with each of the agents.

INDIVIDUALIZATION OF DOSAGES

The pharmacologic effects of Marinol (dronabinol) are dose-related and subject to considerable interpatient variability. Therefore, dosage individualization is critical in achieving the maximum benefit of Marinol treatment.

Appetite Stimulation: In the clinical trials, the majority of patients were treated with 5 mg/day Marinol, although the dosages ranged from 2.5 to 20 mg/day. For an adult:

1. Begin with 2.5 mg before lunch and 2.5 mg before supper. If CNS symptoms (feeling high, dizziness, confusion, somnolence) do occur, they usually resolve in 1 to 3 days with continued dosage.
2. If CNS symptoms are severe or persistent, reduce the dose to 2.5 mg before supper. If symptoms continue to be a problem, taking the single dose in the evening or at bedtime may reduce their severity.
3. When adverse effects are absent or minimal and further therapeutic effect is desired, increase the dose to 2.5 mg before lunch and 5 mg before supper or 5 and 5 mg. Although most patients respond to 2.5 mg twice daily, 10 mg twice daily has been tolerated in about half of the patients in appetite stimulation studies.

The pharmacologic effects of Marinol are reversible upon treatment cessation.

Antiemetic: Most patients respond to 5 mg three or four times daily. Dosage may be escalated during a chemotherapy cycle or at subsequent cycles, based upon initial results. Therapy should be initiated at the lowest recommended dosage and titrated to clinical response. Administration of Marinol with phenothiazines, such as prochlorperazine, has resulted in improved efficacy as compared to either drug alone, without additional toxicity.

Pediatrics: Marinol is not recommended for AIDS-related anorexia in pediatric patients because it has not been studied in this population. The pediatric dosage for the treatment of chemotherapy-induced emesis is the same as in adults. Caution is recommended in prescribing Marinol for children because of the psychoactive effects.

Geriatrics: Caution is advised in prescribing Marinol in elderly patients because they are generally more sensitive to the psychoactive effects of drugs. In antiemetic studies, no difference in tolerance or efficacy was apparent in patients >55 years old.

INDICATIONS AND USAGE

Marinol (dronabinol) is indicated for the treatment of:

1. anorexia associated with weight loss in patients with AIDS; and
2. nausea and vomiting associated with cancer chemotherapy in patients who have failed to respond adequately to conventional antiemetic treatments.

CONTRAINDICATIONS

Marinol (dronabinol) is contraindicated in any patient who has a history of hypersensitivity to any cannabinoid or sesame oil.

abuse. Physicians and pharmacists should use the same caution in prescribing and accounting for Marinol as they would with morphine or other drugs controlled under Schedule (CII) of the Controlled Substances Act. Because of the potential for abuse, it is recommended that prescriptions be written for the amount necessary for the period between clinic visits. Patients receiving treatment with Marinol should be warned not to drive, operate machinery, or engage in any hazardous activity until it is established that they are able to tolerate the drug and to perform such activities safely.

PRECAUTIONS

General: The risk/benefit ratio of Marinol (dronabinol) should be carefully evaluated in patients with the following medical conditions because of individual variability in response and tolerance to the effects of Marinol. Marinol should be used with caution in patients with cardiovascular disorders because of occasional hypotension, hypertension, syncope, or tachycardia (see **PHARMACOLOGY**).

Marinol should be used with caution in patients with a history of substance abuse, including alcohol abuse, because they may be more prone to abuse a well-tolerated substance. Multiple substance abuse is common in patients with a history of substance abuse.

Marinol should be used with caution and careful monitoring in patients with mania, depression, or schizophrenia because Marinol may exacerbate these conditions. Marinol should be used with caution in patients receiving concomitant therapy with sedatives, hypnotics, or other psychoactive drugs because of the potential for additive or synergistic CNS effects.

Marinol should be used with caution in pregnant nursing mothers, or pediatric patients because it has not been studied in these patient populations. Marinol should be used with caution for treatment of anorexia and weight loss in elderly patients with dementia because they may be more sensitive to the psychoactive effects of Marinol. Because its use in these patients has not been studied, caution should be exercised.

Information for Patients: Patients receiving Marinol (dronabinol) should be alerted to the potential for additive central nervous system depression if used concomitantly with alcohol or other CNS depressants such as benzodiazepines and barbiturates. Patients receiving treatment with Marinol should be warned not to drive, operate machinery, or engage in any hazardous activity until it is established that they are able to tolerate the drug and to perform such activities safely. Patients using Marinol should be advised to watch for changes in mood and other adverse behavioral changes in mood and other adverse behavioral changes. Patients should remain under the supervision of a responsible adult during initial use of Marinol. Dosage adjustments should be made as needed.

Drug Interactions: In studies involving patients with AIDS or cancer, Marinol (dronabinol) has been used with a variety of medications (e.g., antineoplastic agents, sedatives, or opioid analgesics) without resulting in any clinically significant interactions. Although no drug/drug interactions were observed during the clinical trials of Marinol, caution should be exercised when Marinol is administered with other medications through both pharmacodynamic and pharmacokinetic mechanisms. Dronabinol is bound to plasma proteins, and there is the potential for displacement of other protein-bound drugs. Although this has not been confirmed *in vivo*, patients should be monitored for a change in dosage requirements when administering dronabinol to patients receiving protein-bound drugs. Published reports of interactions involving cannabinoids are summarized in the following table.

CONCOMITANT DRUG	CLINICAL EFFECT
Amphetamines, cocaine, other sympathomimetic agents	Additive hypertension, tachycardia, cardiotoxicity
Atropine, scopolamine, anticholinergics, other anticholinergic agents	Additive tachycardia
Amitriptyline, amoxapine, desipramine, other tricyclic antidepressants	Additive hypertension
Barbiturates, benzodiazepines, ethanol, lithium, opioids, buspirone, antihistamines, muscle relaxants, other CNS depressants	Additive CNS depression

Marinol Dose: Response Frequency and Adverse Experience* (N = 750 treatment courses)

Response Frequency (%)			Adverse Events Frequency (%)		
Complete	Partial	Poor	None	Nondysphoric	Dysphoric
36	32	32	23	65	12
33	31	36	13	58	28

UNITED STATES DISTRICT COURT -- EASTERN MISSOURI
INTERNAL RECORD KEEPING

AN ORDER, JUDGMENT OR ENDORSEMENT WAS SCANNED, FAXED AND/OR MAILED TO THE
FOLLOWING INDIVIDUALS ON 01/31/00 by dbraun
4:92cr157 USA vs Kitterman

COPIES FAXED AND/OR MAILED TO THE PARTIES LISTED BELOW AND THE
UNITED STATES PROBATION OFFICE AND UNITED STATES PRETRIAL SERVICE OFFICE.
IF THIS IS A JUDGMENT IN A CRIMINAL CASE SEND CERTIFIED COPIES TO THE
FOLLOWING: 4 Certified Copies to USM
2 Certified Copies to USP
1 Copy to Financial
1 Copy to O.S.U.

Daniel Ringwald - 68840
Kenneth Tihen - 6813

Fax: 314-726-1908
Fax: 314-539-7695

SCANNED & FAXED BY:

JAN 31 1999

C. L. F.